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Bib Data Sheet

CONFIRMATION NO. 6304

SERIAL NUMBER 10/758,781	FILING DATE 01/15/2004  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 12637/95
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/036,340 12/24/2001 PAT 6,708,064  
 which is a CIP of 09/511,842 02/24/2000 PAT 6,609,030  
 and is a CIP of 09/511,843 02/24/2000 PAT 6,418,344  
 and is a CIP of 09/511,844 02/24/2000 ABN  
 and is a CIP of 09/511,845 02/24/2000 ABN  
 and is a CIP of 09/575,292 05/19/2000 ABN  
 and is a CIP of 09/575,293 05/19/2000 ABN  
 and is a CIP of 09/574,495 05/19/2000 ABN

CRZ  
 2/18/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE CRZ  
 2/18/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	OH	6	30	3
Examiner's Signature <i>Carl H. Jago</i> CRZ Initials				

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## TITLE

Modulation of the brain to affect psychiatric disorders

☐ All Fees

FILING FEE  RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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